



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**

DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

## Delaware Board of Examiners of Nursing Home Administrators

Application for: \_\_\_\_\_New license  
\_\_\_\_\_Reciprocity

### SECTION 1: Basic Information

Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Daytime) (Home)

Email \_\_\_\_\_

Social Security # \_\_\_\_\_

Do you meet the criteria for age as required by 24 *Del. C.* §5205? Yes \_\_\_\_\_ No \_\_\_\_\_

### SECTION 2: Educational Background

Courses of study taken and degrees granted must be verified. Please instruct those institutions attended to submit official transcripts directly to the Board Office.

College	Location	Dates Attended	Degree(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you taken the NAB exam? Yes ( ) No ( )

**If yes, please have the examination service supply the Board Office with an official copy of your exam scores. They must be mailed directly to the Board Office.**

### SECTION 3: General Background

Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes ( ) No ( ) **If yes, submit a certified copy of your criminal history record.**

Are you now or have you within the past two (2) years been dependent upon the use of alcohol, stimulants or other habit-forming drugs or treated or disciplined for their use? Yes ( ) No ( ) **If yes, explain circumstances and outcome on a separate page.**

Have you ever had a nursing home administrator's license denied, revoked, suspended or been under probation? Yes ( ) No ( ) **If yes, explain circumstances and outcome on a separate page.**

Have you ever had a disciplinary action taken against you by a State Board of Nursing Home Examiners? Yes ( ) No ( ) **If yes, explain circumstances on a separate page.**

Are there any charges pending or are you under investigation for unprofessional conduct? Yes ( ) No ( ) **If yes, explain circumstances on a separate page.**

Do you currently hold a Nursing Home Administrators license issued by another jurisdiction? Yes ( ) No ( ) **If yes, please list and have each jurisdiction supply the Board Office with a letter of verification:**

Jurisdiction	License Number	Expiration Date

### SECTION 4: Occupational Background

On a separate page, list all Post-Degree positions you have held, starting with your current position. All time must be accounted for. If you have been involved in an academic residency or internship, or in an approved administrator-in-training (AIT) program, include the following information:

Dates of Employment  
Title of Position  
Name and address of Employer or Organization  
Telephone Number

## SECTION 5: Administrative Experience

On a separate sheet of paper list and explain all past administrative experience which meets the following criteria:

- (1) It must have been acquired in a residential facility providing protective, preventive and personal care services performed by qualified personnel. Personal care refers to the general supervision of and direct assistance to individuals in their activities of daily living.
- (2) Such administrative experience shall include:
  - (a) The administration of services to more than one person.
  - (b) Administrative services which have as a major component the supervision of more than one profession or discipline.
  - (c) An administrative position in which the individual has assumed direct responsibility for and is held accountable for his/her own acts.
- (3) Describe your duties and responsibilities for the periods of time when you have supervised more than one profession or discipline. Include the dates and number of hours as well as the kinds of employees. Also, list the dates and hours for which you have served as Acting Administrator in the absence of the duly appointed administrator.

**The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.**

**Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.**

**Please note: When your application is complete, please allow 8-10 weeks to receive your license.**

AFFIDAVIT;

State of \_\_\_\_\_ )  
 ) SS  
County or City of \_\_\_\_\_ )

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed and signs this application, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_.

Please enclose check or money order payable to "State of Delaware" for the pro-rated processing fee.

Please send application and official college transcripts to:

Delaware Board of Examiners of Nursing Home Administrators  
Cannon Building, Suite 203,  
861 Silver Lake Blvd.  
Dover, DE 19904